

2.D. SUMMARY OF BASE REQUEST OBJECTIVE OUTCOMES

Date : 10/6/2004

79th Regular Session, Agency Submission, Version 1

Time: 1:27:20PM

Automated Budget and Evaluation system of Texas(ABEST)

Agency code: 539

Agency name: AGING AND DISABILITY SERVICES

Goal/ Objective / Outcome	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
1 Long-term Care Continuum					
1 Intake, Access, and Eligibility					
KEY 1 % Nursing Homes with a Certified Ombudsman	99.00%	100.00%	100.00%	100.00%	100.00%
2 Average Number of Clients Served Per Month: Total Community Care	179,402.00	185,231.00	197,520.00	198,444.00	198,445.00
3 Average # of Persons on Interest Lists Per Month: Total Community Care	134,882.00	162,691.00	190,586.00	219,353.00	250,141.00
KEY 4 Percent of Long-term Care Clients Served in Community Settings	69.97%	70.52%	71.87%	72.01%	72.03%
2 Community Care - Entitlement					
KEY 1 Avg # of Clients Served Per Month: Medicaid Non-waiver Community Care	102,607.00	114,010.00	125,332.00	125,332.00	125,332.00
KEY 2 Average Monthly Cost Per Client: Medicaid Non-waiver Community Care	574.53	579.97	592.89	601.85	601.86
3 Community Care - Waivers					
1 Avg # of Clients Served Per Month: Community Care Waivers (Total)	40,541.00	39,134.00	40,147.00	41,056.00	41,056.00
2 Average Cost Per Client Served: Community Care Waivers (Total)	1,712.36	1,768.99	1,775.34	1,733.21	1,733.20
4 Community Care - State					
KEY 1 Avg # of Clients Served Per Month: Total Non-Medicaid Community Care	35,629.00	30,194.00	28,619.00	28,635.00	28,635.00
KEY 2 Avg Monthly Cost Per Client Served: Total Non-Medicaid Community Care	583.99	518.64	510.79	518.89	518.87
3 Avg # of Persons on Interest List Per Month: Total Non-Medicaid CC	49,255.00	55,187.00	62,804.00	70,258.00	78,873.00
6 Nursing Facility and Hospice Payments					
1 Percent of At-risk Population Served in Nursing Facilities	10.62%	10.45%	10.19%	9.93%	9.69%
2 Medicaid Nursing Facility Bed Utilization Per 10,000 Aged and Disabled	122.51	120.71	117.80	114.88	112.09
8 MR State Schools Services					
KEY 1 Avg # Days MR Residents Recom for Comunity Placement Wait for Placement	124.00	123.00	120.00	120.00	120.00
KEY 2 Number of Consumers with MR Who Moved from Campus to Community	111.00	74.00	84.00	84.00	84.00

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Agency code: 539

Agency name: AGING AND DISABILITY SERVICES

Goal/ Objective / Outcome	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
2 Licensing, Certification, and Outreach					
1 Long Term Care Facility Regulation and Support					
KEY 1 % Facilities Complying with Stds at Inspection Licen-Medicare/Medicaid	71.66%	74.92%	74.92%	74.92%	74.92%
2 % Facilities Correcting Adverse Findings by 1st Follow-up Visit	82.75%	82.81%	82.81%	82.81%	82.81%
3 % NF-ICF/MR with More Than Six On-site Monitoring Visits Per Year	26.00%	21.55%	27.00%	27.00%	27.00%
4 Rate (1000) Substantiated Complaint Allegations of Abuse/Neglect: NF	21.63	21.63	21.63	21.63	21.63
5 Rate (1000) Substantiated Complaint Allegations Abuse/Neglect: ICF/MR	44.97	43.91	43.91	43.91	43.91
10 % HCSSA Complying with Standards at Time of Inspection	87.36%	93.42%	90.00%	90.00%	90.00%

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